

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048531

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12286

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2253 Klemm AveInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2253 Klemm AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
William Parish Linzee4. DATE OF DEATH Month Day Year  
December 20, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/1/75

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during last 12 months, even if retired)

Ad. Taker Post Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Council Grove Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edwin M. Linzee

13b. MOTHER'S MAIDEN NAME

Alice Parish

14. NAME OF HUSBAND OR WIFE

Abigail Linzee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, ☒ or unknown) (If yes, ☒ or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Abigail Linzee 2253 Klemm Ave

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ruptured Aneurysm of Abdom. Aorta.

INTERVAL BETWEEN  
ONSET AND DEATH  
8 hrs.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

A. J. H. A.

10 yrs.

DUE TO (c)

Hem. Act. Pulmonis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

451X

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 1961 to Dec. 1962 and last saw him alive on Dec. 20, 1962  
Death occurred at 116 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. R. H. Arch M.D.

(Degree or title)

22b. ADDRESS

1504 1/2 Grand Blvd.

22c. DATE SIGNED

12/21/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

12/21/62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co, Mo.

(State)

24. FUNERAL DIRECTOR

Shepard Funeral Home 1167 Hamilton Ave

ADDRESS

25. DATE RECD. BY LOCAL REG.

DEC 21 1962

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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DR - L. H. BACIK  
1504 S GRAND  
2-4

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lawrence O. Gerby*

Licensed Embalmer No.

*4979*

P. O. Address

*Berkeley, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.